

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: 04-004	2. STATE NEW MEXICO
FOR: HEALTH CARE FINANCING ADMINISTRATION		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2004	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Sections 1902(a)(47) and 1920 of the Social Security Act Section 1902(e)(12) of the Social Security Act 42 CFR 435.10 and Subpart J		7. FEDERAL BUDGET IMPACT: a. FFY 05      \$ (10,817,760) b. FFY 06      \$ ( 8,654,208)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: ATTACHMENT 2.2 – A Pages 23b and 23c Section 2.1 page 10		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  ATTACHMENT 2.2 –A Page 23b and 23c Section 2.1 page 10 <i>New Mexico (04-004)</i> <i>approved: 08/25/04</i> <i>effective: 07/01/04</i>	
10. SUBJECT OF AMENDMENT: Elimination of application of Section 1902 (e) (12).			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      State Medicaid Director <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>C. Ingram</i>		16. RETURN TO: Carolyn Ingram, Director Medical Assistance Division 2025 S. Pacheco St. P.O. Box 2348 – ARK Santa Fe, NM 87504-2348	
13. TYPED NAME: Carolyn Ingram			
14. TITLE: Medial Assistance Division Director			
15. DATE SUBMITTED:			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: 15 JUNE 2004		18. DATE APPROVED: 25 AUGUST 2004	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1 JULY 2004		20. SIGNATURE OF REGIONAL OFFICIAL: <i>Andrew A. Fredrickson</i>	
21. TYPED NAME: ANDREW A. FREDRICKSON		22. TITLE: ASSOCIATE REGIONAL ADMINSTRATOR DIV OF MEDICAID & CHILDREN'S HEALTH	
23. REMARKS:			

Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No.: 0938-

State: NEW MEXICO

## SECTION 2 – COVERAGE AND ELIGIBILITY

Citation  
42 CFR  
435.10 and  
Subpart J

### 2.1 Application, Determination of Eligibility and Furnishing Medicaid

- (a) The Medicaid agency meets all requirements of 42 CFR Part 435, Subpart J for processing applications, determining eligibility, and furnishing Medicaid.

- Eligibility will be re-determined once every six (6) months for:

Children between the ages of one (1) year and nineteen (19) years who are in families with incomes below 235% FPL; and

Section 1931 Low-income families and children.

- Eligibility will be determined annually for all other groups.

TN No. \_\_\_\_\_  
Supersedes \_\_\_\_\_ Approval Date \_\_\_\_\_  
TN No. \_\_\_\_\_

Effective Date \_\_\_\_\_

HCFA ID: 7982E

SUPERSEDES: TN- 91-19

STATE <u>New Mexico</u>	A
DATE REC'D <u>6-15-04</u>	
DATE APPV'D <u>8-25-04</u>	
DATE EFF <u>7-1-04</u>	
HCFA 179 <u>04-04</u>	

ATTACHMENT 2.2-A

Page 23b

Citation

Groups Covered

A percentage of the Federal poverty level, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

X 20.

All children described above who are under age 19 (18, 19) with family income at or below 235 percent of the Federal poverty level.

   The following reasonable classifications of children described above who are under age    (18, 19) with family income at or below the percent of the Federal poverty level specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY LEVEL USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

1902(e)(12) of the Act

   21. A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for

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## Citation

## Groups Covered

a total of \_\_ months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.

1902A of the Act

X 22.

Children under age 19 who are determined by a "qualified entity" (as defined in 192OA(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan.

The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.

TN No. \_\_\_\_\_

Approval Date \_\_\_\_ Effective Date

Supersedes

TN No. \_\_\_\_\_

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SUPERSEDES: TN- 98-04

STATE <u>New Mexico</u>	A
DATE REC'D <u>6-15-04</u>	
DATE APP'VD <u>8-25-04</u>	
DATE EFF <u>7-1-04</u>	
HCFA 179 <u>04-04</u>	